

<b>Meeting: PCCS-E</b>	<b>Date: 22<sup>nd</sup> February 2021</b>
<b>Time: 09:00 -11:30</b>	<b>Venue: via Zoom</b>

**Chair:** Bev Cejer - Bristol

**Minutes & Zoom chat facilitator:** Kimberley Hamilton - Bristol

**Apologies:**

Abbie Nash – Birmingham

Stacey Bedford – Critical Care ODN, South Thames Paediatric Network

Reb Overend – Bristol

Julie Armstrong - Cardiff

**Attendees:**

Carli Whittaker (PCCS Council member) facilitating Zoom via PCCS

Samantha Dukes – Nottingham

Amy Lawton - Leeds

Eve Hallam – Bristol

Lindsay Kenworthy – Alderhey

Jo Bartlett – Oxford

Kaye Walsh – NENC CHD Network

Louise Brown - Nottingham

Joana Gracio – Royal Brompton

Joanna Mouille – Newcastle

Chloe Street – Royal London

Rachael Cooper – Alderhey

Kerry White - Addenbrookes

Sarah Lane – Newcastle

Jenny Brown - Leeds

Alex Knight – Alderhey

Jo Durham - Birmingham

Anne Maguire – Belfast

Matt Norridge – Evelina

Angela Ledsham – Southampton

Liz Lock – GOSH

Sarah Russell – Evelina

Diana Tavares de Freitas – Royal Brompton

Sam Archer – Kings

Rosie Priddy –

Jo Broadhurst - GOS

<b>Agenda item</b>	<b>Action captured</b>	<b>Action required</b>
1	<b>Attendees and apologies</b>	
	As above	
2	<b>Review of minutes from Oct PICS-E meeting</b>	
Date	Year needs amending to 2020	Kimberley to do
2.1	<b>Update on coaching model</b> – Kimberley (Bristol). Current	Contact Kimberley if

	feedback suggests it is working well. 2 <sup>nd</sup> year of running has been successful despite Covid-19 challenges	interested.
2.3	<b>Terms of Reference</b> – Bev Cejer <ul style="list-style-type: none"> <li>- Updated and sent out to group prior to meeting</li> <li>- Terms of reference accepted by group</li> </ul>	Terms of Reference completed.  <b>Need to go to PCCS Council</b>
2.4	<b>Standards of Orientation</b> – Bev Cejer, Angela Ledsham, Kimberley Hamilton <ul style="list-style-type: none"> <li>- Delayed due to Covid</li> </ul>	Complete, reviewed, agreed and <b>Need to go to PCCS Council</b>
2.5	<b>L3 Standards</b> – Kerry White <ul style="list-style-type: none"> <li>- Delayed due to Covid (Kerry unwell with it)</li> <li>- Kerry happy to continue, but would like help and/or to share ideas</li> </ul>	Ongoing – Kerry undertaking phased return to work and is working from home currently, Kimberley Hamilton and Angela Ledsham happy to support.
2.7	<b>PCCS Education Standards</b> discussed <ul style="list-style-type: none"> <li>- 1 educator:50 nurses. Thought to be out-dated and do not reflect current practice (more NQNs, band 2-4 workforce, etc.).</li> <li>- Kimberley suggested an audit of number of WTE educators: nurses</li> <li>- Matt voiced concerns about prescribing number of educators – facilitating education is everyone’s responsibility. Everyone agreed – if education is needed the response is ‘the educators will do it’.</li> <li>- Other options discussed, e.g. using appropriate link nurse, training during team days.</li> </ul> <p>Jo Broadhurst – How many educators per staff do people think we might need? !:40? 1:30?</p> <p>Liz Lock – The number is skewed by the junior workforce/ retention. Large volume of time supporting induction/ new starters etc</p> <p>Carli – With business hat on we need to be able to demonstrate value for £ in business case for more educators, incident rates, recruitment/ retention figures, income generation etc</p> <p>Council trying to promote equality across Adults ITU’s and Paeds ITU’s regarding pay/ banding etc</p> <p>Kerry – My role is not seen separate to General Paeds unlike other NICU’s/ PICU’s I am part of the Paed PD Team and there is preference for me to cover generic things such as preceptorship etc</p>	Kimberley to audit WTE educators: to Nurse ratio and prepare a spreadsheet Few replies received, <b>Kimberley to leave a month and re-contact centres for this info</b>
2.9	<b>Feedback from L1/L2 meeting</b>	<b>Next meeting March 10th</b>
5	<b>PCCS website</b>	
	Liz Lock <ul style="list-style-type: none"> <li>- Could be used as a repository for work in progress and teaching materials</li> <li>- Cannot upload information ourselves due to GDPR, Liz happy to act as mediator</li> <li>- Documents, minutes, etc. - need agreement on how far back to go and what can be archived</li> <li>- Hub now available for mobile devices</li> </ul> <p>Chat room might be more effective way than e-mail to with</p>	Contact Liz to add material to PCCS website: <a href="mailto:Elizabeth.Lock@gosh.nhs.uk">Elizabeth.Lock@gosh.nhs.uk</a>  <b>Liz to look into PICS E subgroup having place on Hub and</b>

	<p>communicate other educators, lots of emails sent are bouncing back undelivered</p> <p>PCC Hub link  <a href="https://play.google.com/store/apps/details?id=com.pccapp.a pp&amp;hl=en_GB">https://play.google.com/store/apps/details?id=com.pccapp.a pp&amp;hl=en_GB</a></p>	<p><b>chat facility</b></p> <p>PCCS can hold PCCSE members email details and send out coms for us Centres would then need to update any team changes to PCCS</p>
<b>3.</b>	<b>PCCSe group check in –how is everyone doing?</b>	
<b>3.1</b>	<p>It has been a year like no other,,,</p> <ul style="list-style-type: none"> <li>• Kerry White – Addenbrookes cancelled all training including for new starters, in addition educators pulled clinically, PIC Nurses cared for adults, Kerry is not just appointed to Education on PIC, concerned how to re-establish education,</li> <li>• Kimberley Hamilton – At beginning of pandemic Bristol used some of HEE £ to appoint a practice educator to upskill ward nurses to work on PICU. 1<sup>st</sup> wave PIC unaffected and became clear Paediatrics were not badly affected with Covid-19. 3<sup>rd</sup> Wave PIC nurses upskilled/ supported to work in Adult GICU, CICU and CCU, Practice Educator supported this, at peak Ward Upskilled nurses worked on PICU to release PICU nurses to support adults. Wellbeing wise it's been really tough for the nurses required to move but we have had great feedback from Adult services and the adult patients they cared for. Essential training continued, Coaching happened as we considered it essential and were supported by the Trust, some early 2021 courses we have delayed start dates.</li> <li>• Angela Ledsham – Southampton PICU took adult oncology patients, stopped foundation course</li> <li>• Leeds did the same</li> <li>• Kerry White similar to Bristol</li> <li>• Jo – Birmingham had to continue Foundation as had 90 nurses on it and deemed essential to practice (junior workforce)</li> <li>• Newcastle stopped all training except mandatory, preceptorship continued. We have not had the capacity to help adults due to how busy PICU has been during this wave.</li> <li>• GOS redeployed PIC nurses to other London hospitals to work in Adult ITU's</li> <li>• Same in Birmingham, 1<sup>st</sup> wave unchanged, This wave around 20 nurses for their substantive hours given to adult ITU's in region until the end of march. Educators stayed put as recruitment and foundation programmes were still running.</li> <li>• Alderhey had a 9 bedded pod with Adult Patients on PICU.</li> <li>• In some units Educators were pulled into clinical team to fill the gaps of nurses moving to adult areas</li> </ul>	<p><b>Could new Standards of Orientation help support your case Kerry?</b></p> <p><b>Could the fact the other PIC's are continuing education support your case Kerry?</b></p>
<b>3.2</b>	Wellbeing is a concern for all PCCS have a wellbeing group	

	<p>and there are some Webinars coming see below</p> <p>Dear Colleague</p> <p>The PCCS Science and Education Committee in collaboration with the Wellbeing Special Interest Group is starting Wellbeing webinar series starting next week - Thursday 25th February at 10am.</p> <p>This is an exciting series designed to enhance the way we look after ourselves and each other; bringing together shared learning, group initiatives, and drawing on the positives we can take from the COVID-19 pandemic. A series we hope will get you all thinking, talking and collaborating. The first of our webinars is looking at what we can do to support people in groups and teams.</p> <p>Please register for Webinar 1 using the link below, the links for Webinar 2 and 3 will be released once the exact date has been finalised.</p> <p><a href="#">Click here</a> to register.</p> <p>We would be very grateful if you could also please complete the following two quick anonymous questions:</p> <p><a href="https://www.surveymonkey.co.uk/r/D9PQXMK">https://www.surveymonkey.co.uk/r/D9PQXMK</a></p> <p>Many thanks</p> <p>Peter Donnelly - Chair - Wellbeing SIG</p> <p>and</p> <p>Akash Deep and Ajay Desai - co chairs of Science and Education Committee</p>	
<b>4.</b>	<b>Role of Nurse Associates and HCSW's within Paediatric Critical Care</b>	
4.1	<p>Stacey, Jo, Becki and Kerry have been exploring the role of unregistered nurses in PCCU's and have looked into a development pathway</p> <p>Birmingham – Have 3 qualified nurse associates and B2 clinical support workers (CSW).</p> <p>CSW look after Trachy ventilated, draw up oral medications but 2 registered nurses check them (Not IV's)</p> <p>Nurse associates had to redo competencies, don't access Central or Arterial lines but do care for them</p>	<p><b>Updated PCCS Standards to be published soon there is an appendix regarding non-registered practitioners</b></p> <p><b>Can Jo D and any other units share</b></p>

	<p>Current plan to upskill to administer medication (3 Steps)</p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> Checker</li> <li>• Stage 1 IV's</li> <li>• Stage 2 IV's</li> </ul> <p>Staged IV administration normal practice for all nurses.  Stage 1 IVs sedation, analgesia, diuretics  Stage 2 IV's Vasoactive drugs, potassium, calcium  Needed to upskill Nurse Associates / Trainee Nurse Associates (TNA's) due to increased patient acuity, they are a stable workforce  How do educators manage the workload?  They are managed by the University when on their course.  Birmingham PIC Education Team have taken on their development post registration.</p>	<p><b>their job descriptions with Sam Jukes please?</b></p> <p><b>Kaye Walsh is looking for any documents related to the introduction of nurse associates into the PICU. Business cases, competency docs etc. Please send any documents you have to -</b>  <a href="mailto:kaye.walsh1@nhs.net">kaye.walsh1@nhs.net</a></p>
4.2	Southampton have 3 TNA's, one runs the NIV study days, they can give oral drugs, there is a trust programme for them	
4.3	Newcastle are having recruitment issues as their trust have concerns regarding the role in PICU. They are hoping to overcome this and need support with the business case. Request made whether Angela/ Jo can share any proposals they have used.	Jo – Once updated PCCS standards published these should help
4.4	Kings – 2 TNA's offered posts for training neither have Paeds or PICU experience previously	
4.5	Alderhey – 2 assistant practitioners (AP's) who are fantastic and HCA's B2 don't have any patient contact No plan for NA's in PICU currently	
4.6	Bristol – Used to have Associate practitioners who cared for LTV/ NIV? HDU patient's had issues with RN's accepting role of supervision. They were great but left as no career progression, some have gone on to do RN training. We have B2-3's they do not take a patient allocation but do assist RN's with patient care. Our Matron is looking at appointing NA's/ TNA's	
4.7	Oxford has B3 for stocking up etc and they are starting to help RN's with patient cares, turns etc, They can progress to TNA's ans some of the TNA's are doing nurse apprenticeship through OIJ	
4.8	<p>What do units do with regards to Oxygen Administration by B3 CSW's and B4 NA's – given the guidance from BTS (2017)  Nottingham trust limit flow/ % these staff members can look after – most PICU patients are receiving more</p> <p><a href="https://www.brit-thoracic.org.uk/quality-improvement/guidelines/emergency-oxygen/">https://www.brit-thoracic.org.uk/quality-improvement/guidelines/emergency-oxygen/</a></p> <p><a href="file:///C:/Users/hamiltonki/Downloads/BTS%20Guideline%20for%20Oxygen%20use%20in%20Healthcare%20and%20Emergency%20Settings%20-%20Summary%20of%20Recommendations.pdf">file:///C:/Users/hamiltonki/Downloads/BTS%20Guideline%20for%20Oxygen%20use%20in%20Healthcare%20and%20Emergency%20Settings%20-%20Summary%20of%20Recommendations.pdf</a></p> <p>There was a discussion that these staff groups should always have a registered nurse overseeing them. However it is a common theme from all units that practically this is</p>	

	difficult to enforce and ensure the RN's adopt this responsibility.	
<b>5.</b>	<b>Can NA's access the PCCS ratified courses?</b>	
5.1	No consensus is that this course is specialist for registered nurses	No further action
<b>6.</b>	<b>Reasonable adjustment/assistive technologies for students with Dyslexia etc</b>	
6.1	<p>It's not one size fits all as needs are individual to the student</p> <p>Sarah Russell – Complete a pre-course questionnaire at start of L3 course on which the student is asked to declare any additional learning needs. There are three questions</p> <ol style="list-style-type: none"> <li>1. Do you have any learning differences?</li> <li>2. If so how does it affect your learning and do you need any additional resources?</li> <li>3. Can you provide evidence of this learning difference diagnosis?</li> </ol> <p>Some have experience of students not sharing until late in the course when issues related to academic assessments surface. This is difficult as students previous experiences may stop them disclosing.</p> <p>Some dyslexics benefit from coloured screen filters/ book overlays</p> <p>Matt Norridge – Individuals should share their report with you. Matt was diagnosed during his Masters and highlighted to us all that it is common that Dyslexics have developed strategies to cope earlier in Education but run out of self-resource's at higher levels of education. Matts colour is light green ☺ Matt has since recognised traits within students' academic submissions of undiagnosed dyslexia.</p> <p>Rosie Priddy – The RCN disability passport is useful and transferable it has very useful resource links.</p> <p><a href="https://www.rcn.org.uk/get-help/member-support-services/peer-support-services/disability-passport">https://www.rcn.org.uk/get-help/member-support-services/peer-support-services/disability-passport</a></p>	<p><b>Sarah Russell asked to share pre course questionnaire with group</b></p> <p><b>Request for CPD for future meeting. So we can all learn more about supporting students. If anyone has suggestions regarding someone who could do this please email Bev C.</b></p> <p><b>Copy of PDF RCN disability passport shared with meeting minutes</b></p>
<b>7.</b>	<b>Update from Carli Whittaker PCCSe PCCS council rep</b>	
7.1	<ul style="list-style-type: none"> <li>• PICS Council have not met since Dec however there are weekly meetings regarding Covid <ul style="list-style-type: none"> <li>○ James links with NHS England</li> <li>○ Carli links with HEE</li> </ul> </li> <li>• Goal of meetings has been to keep Paeds voice heard during Covid, PIMS-TS, Paeds mental health</li> <li>• A communications strategy is being developed to fit the society</li> <li>• There is now a separate Well-being group.</li> <li>• Wellbeing study day in March watch PCCS communications for details</li> <li>• ESPNIC have lots of well-being resources available</li> </ul>	<b>Next meeting 10<sup>th</sup> March</b>

	<p>to members and non-members</p> <ul style="list-style-type: none"> <li>• Tracey P Bristol has launched National PCCS champions so all units have a link person to represent PICU nurses</li> <li>• PCCS Standards are coming...not out yet, there is an appendix regarding non-registered practitioners B2-4</li> <li>• Patrick Davis – Is the comms group link for questions regarding how the app works and for Liz to get PCCS E subgroup space</li> </ul>	
<b>8.</b>	<b>Update from the EQA group</b>	
8.1	<p>Jo –</p> <ul style="list-style-type: none"> <li>• Several students for accreditation this pm</li> <li>• New courses L1 &amp;2 as expected growth big in this area may need separate EQA eventually</li> <li>• Birmingham rewriting course for online delivery have changed assessments</li> <li>• New course Thames Valley</li> <li>• New course Sheffield</li> <li>• New EQA members Birmingham</li> <li>• AlderHey are requesting some standards for managing difficult students</li> <li>• Anne Maguire - Belfast would like some support where/ how to start with designing a course as she feels the current one is not fit for purpose. <ul style="list-style-type: none"> <li>○ Bev and Jo happy to have discussions with Anne.</li> <li>○ Suggestion made by Sarah Russell that with education online she could join a course in England, Evelina have 6 centres accessing theirs and find huge benefits in cross-centre working</li> </ul> </li> <li>• Eve – Bristol trying to use videos for learning but having issues with file size restrictions if others use videos how do you curate, manage and distribute them? <ul style="list-style-type: none"> <li>○ Birmingham have own YouTube channel which they populate with these videos and put links on trust intranet. They are not public they are uploaded as unlisted so nurses have to use the intranet link they can't just browse the channel, google chrome allows viewing just have to copy and paste link, clunky but it works. There is also a Facebook page they can share on</li> </ul> </li> </ul>	<p><b>Any big changes to courses (assessments) must go through EQA</b></p> <p><b>Anne to discuss possibilities with other PCCS educators</b></p> <p><b>Updated EQA documents need to go to council</b></p>
<b>9.</b>	<b>Update from Competency sub-group (any other workstreams?)</b>	
9.1	<p>Lindsay Kenworthy Presentation given on progress</p> <ul style="list-style-type: none"> <li>- Group – mix of cardiac/non-cardiac, large and small units</li> <li>- Individual unit competencies shared with group – Kings College competencies chosen as template</li> <li>- Competencies within a single document, easily adaptable for individual units, simple yes/no</li> </ul>	<p>Good progress made on start level competencies however Covid halted this. <b>Plan for group to regroup in next couple of weeks.</b></p>

	<p>competency</p> <ul style="list-style-type: none"> <li>- Using Benner's Novice to Expert to identify levels</li> <li>- Currently working on supernumerary and foundation competencies; will eventually include competencies for all levels up to ANP</li> <li>- Aim to have first draft end-October; completion mid-January</li> <li>- Once agreed can present to PCCS Council for ratification</li> </ul>	
9.2	<p>Trauma competencies – Kimberley</p> <ul style="list-style-type: none"> <li>- Not yet ratified by PCCS Council <a href="https://pccsociety.uk/wp-content/uploads/2018/01/Paediatric-Intensive-Care-Society-Endorsement-Policy.pdf">https://pccsociety.uk/wp-content/uploads/2018/01/Paediatric-Intensive-Care-Society-Endorsement-Policy.pdf</a></li> <li>- Always planned to be in main competency document, not stand-alone\</li> </ul>	<p><b>Sent to Council for review at next meeting March 10th Kimberley will flag to Council linked document needs updating – Done Carli emailed</b> All documents containing PCCS logo must be sent to council for approval</p>
<b>10.</b>	<b>Next chair of PCCSe</b>	
	Thank You to Julie Julie Armstrong, – Cardiff for all her PCCS work, wishing her a long and happy retirement Southwest ODN Charing PCCS E going forward, (Matt Norridge - Evelina and Kings College Hospital)	<b>Bev Cejer to have discussions regarding handover</b>
<b>11.</b>	<b>Role of PCCSe chair –review and adoption of guidance document</b>	
11.1	<p>Document shared by Bev Cejer reviewed all happy</p> <ul style="list-style-type: none"> <li>• Tenure currently 2 years, change to 3</li> <li>• Successors; there needs to be future planning ahead of year 3 by current Chair</li> <li>• If only one centre interested they take over, if more there should be a vote</li> </ul>	<b>Needs to go to PCCS Council</b>
<b>12.</b>	<b>Any other business? Please use the chat function or “raise your hand”</b>	
12.1	Carli Whittaker – There is a vacancy on PCCS Council	
12.2	Sam Jukes – If anyone has documents related to internal transfers please share with Sam	
12.3	Jo Durham – Lots of international nurses, very strong clinical skills but they seem to struggle with Critical Analysis / Reflective Practice, Other centres agreed with this	
12.4	PCCS membership – Nurses have joined to get PCCS accreditation for their Paediatric Critical Care Course, where Covid has delayed completion/ EQA will they still get certificates if not renewing their memberships? Question to be taken to EQA meeting	
12.5	<p>There was talk of a reduced PCCS Membership for NQN's?</p> <ul style="list-style-type: none"> <li>• There is talk of a low level for L1&amp;I2 Members but not decided yet</li> <li>• Membership – There are not sufficient members to give a reduced fee to PIC Nurses current membership £40. Council have worked to improve what people get for their money</li> </ul>	
12.6	ESPNIC 2021 in June Virtual not in Athens	

12.7	PCCS 2021 – Parallel planning, likely to be a blended approach	
12.8	<p>Would be good for PICS E to offer some Webinars</p> <ul style="list-style-type: none"> <li>• Could replace annual study day we usually hold in Spring</li> <li>• Sarah Russell – Suggested one around virtual teaching now we have all learned through COVID</li> <li>• PICS E will start with a separate meeting to share experiences</li> <li>• March 15<sup>th</sup> Date link set up by Carli below</li> </ul> <p>Paediatric Critical Care Society (PCCS) is inviting you to a scheduled Zoom meeting.</p> <p>Topic: PCCSE Time: Mar 15, 2021 10:00</p>	<p><b>Sarah Russell to create itinerary email any ideas you would like to share to</b>  <a href="mailto:Sarah.russell@gstt.nhs.uk">Sarah.russell@gstt.nhs.uk</a></p>
<b>13.</b>	<b>Date of next PCCSe meeting (?June)</b>	
13.1	Paediatric Critical Care Society (PCCS) is inviting you to a scheduled Zoom meeting.	Set up by Carli <b>Next meeting 7<sup>th</sup> June, Links attached.</b>